

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

W. H. J.   
 FEB 16 1937

670

1. PLACE OF DEATH

County Cole

Township

City Jefferson

(No. ....)

Registration District No. 213

Primary Registration District No. 3014

File No. ....

Registered No. 22

St. ....

Ward

2. FULL NAME

John B. Houchin

(a) Residence, No. ....

St. ....

Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Elizabeth G. Houchin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-25-1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

91

10

14

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Retired Farmer

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year) .....

11. Total time (years)  
spent in this  
occupation .....

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Logan County, Ills

MOTHER FATHER

13. NAME

Andrew Houchin

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Kentucky

15. MAIDEN NAME

Elizabeth Strange

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Kentucky

17. INFORMANT

Mrs. Dora Oberman

(ADDRESS)

Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

River View Cem

DATE

Jan-11--1937

19. UNDERTAKER

(ADDRESS)

Frank J. Gordon  
Jefferson City, Mo.

20. FILED

1/12/37

1937

St. Louis, Mo.

Registrar

1937

St. Louis, Mo.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 4, 1937, to Jan 8, 1937

last saw him alive on Jan 8, 1937. Death is said

to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis-Coronary

Bronchiopneumonia

Jan 4

Other contributory causes of importance

Sensitization

Sensitization

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James P. Hill

(Address) Jefferson City, Mo.

M. D.

